

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-048224**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**#11546**

STATE FILE NUMBER

**FILED DEC 21 1962**

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

**St. Louis**

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

**Missouri**

b. COUNTY

admission)

c. CITY

OR TOWN

**St. Louis**

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

**D.O.A. Homer G. Phillips Hosp.**

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

**1254 A No. Euclid Ave.**

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED (Type or print)

First

**James**

Middle

**Allen**

Last

**Butler**

## 4. DATE OF DEATH

Month

**11**

Day

**29**

Year

**62**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**Colored**

## 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**7-5-1927**

## 9. AGE (last birthday)

**35yrs.**

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer**

## 10b. KIND OF BUSINESS OR INDUSTRY

**None**

## 11. BIRTHPLACE (City and state or country)

**Missouri**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**Curtis Butler**

## 13b. MOTHER'S MAIDEN NAME

**Connie Mae Cullen**

## 14. NAME OF HUSBAND OR WIFE

**None**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**No**

**None**

## 17. INFORMANT

Address

**Shellie Mae Watson-1254 A No. Euclid**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**Acute Bronchial Asthma**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

**Cirrhosis of the liver.**

#### DUE TO (c)

**241 X**

## INTERVAL BETWEEN ONSET AND DEATH

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Death occurred at

**1205 A**

and last saw him alive on

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Paul Johnson**

## 22b. ADDRESS

**1300 Clark**

## 22c. DATE SIGNED

**12/1/62**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

**12-3-1962**

## 23c. NAME OF CEMETERY OR CREMATORY

**Washington Park Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis (County) Mo.**

## 24. FUNERAL DIRECTOR

ADDRESS

**Ellis Funeral Home-2820 Stoddard St.**

## 25. DATE REC'D. BY LOCAL REG.

**DEC 1- 1962**

## 26. REGISTRAR'S SIGNATURE

**Loan Smith, M.D.**

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300 Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

**91**

**21**

**2**

**0**

**0**

**2**

**92-3**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 498

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.